

Fill in this information to identify your case:

Debtor 1	JOSE ANTONIO OLIVERAS NIEVES
Debtor 2 (Spouse, if filing)	NILDA ROSA COLON OTERO
United States Bankruptcy Court for the:	DISTRICT OF PUERTO RICO
Case number (If known)	18-04794

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

Official Form 106I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	SOCIAL SECURITY PENSION	
Employer's name	Secretary	
Employer's address	Departamento de Educacion	
	Ave Teniente Gonzalez	
	San Juan, PR 00919	
How long employed there?	29	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u> \$ <u>2,161.00</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u> +\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u> \$ <u>2,161.00</u>

Debtor 1 JOSE ANTONIO OLIVERAS NIEVES
Debtor 2 NILDA ROSA COLON OTERO

Case number (if known)

18-04794

Copy line 4 here

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 0.00	\$ 2,161.00

5. List all payroll deductions:

5a. Tax, Medicare, and Social Security deductions
 5b. Mandatory contributions for retirement plans
 5c. Voluntary contributions for retirement plans
 5d. Required repayments of retirement fund loans
 5e. Insurance
 5f. Domestic support obligations
 5g. Union dues
 5h. Other deductions. Specify: sc trans oceanic life

5a.	\$ 0.00	\$ 165.30
5b.	\$ 0.00	\$ 183.68
5c.	\$ 0.00	\$ 0.00
5d.	\$ 0.00	\$ 111.22
5e.	\$ 0.00	\$ 44.76
5f.	\$ 0.00	\$ 0.00
5g.	\$ 0.00	\$ 27.28
5h. +	\$ 0.00	\$ 19.50
	\$ 0.00	\$ 64.84

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. \$ 0.00 \$ 616.58

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ 0.00 \$ 1,544.42

8. List all other income regularly received:

8a. Net income from rental property and from operating a business, profession, or farm
 Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8b. Interest and dividends

8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive
 Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8d. Unemployment compensation

8e. Social Security

8f. Other government assistance that you regularly receive
 Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.
 Specify: _____

8a.	\$ 0.00	\$ 0.00
8b.	\$ 0.00	\$ 0.00
8c.	\$ 0.00	\$ 0.00
8d.	\$ 0.00	\$ 0.00
8e.	\$ 0.00	\$ 0.00

8g. Pension or retirement income

8g. \$ 1,064.00 \$ 0.00

CHRISTMAS BONUS (NET

8h. Other monthly income. Specify: 554.10)

8h. + \$ 0.00 + \$ 46.17

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. \$ 1,064.00 \$ 46.17

10. Calculate monthly income. Add line 7 + line 9.

10. \$ 1,064.00 + \$ 1,590.59 = \$ 2,654.59

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in Schedule J.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.
 Specify: _____

11. +\$ 0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.
 Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ 2,654.59

Combined monthly income

13. Do you expect an increase or decrease within the year after you file this form?

 No. Yes. Explain: _____

Fill in this information to identify your case:

Debtor 1	JOSE ANTONIO OLIVERAS NIEVES		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	NILDA ROSA COLON OTERO		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF PUERTO RICO		
Case number (if known)	18-04794		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ JOSE ANTONIO OLIVERAS NIEVES
JOSE ANTONIO OLIVERAS NIEVES
Signature of Debtor 1

Date August 5, 2020

/s/ NILDA ROSA COLON OTERO
NILDA ROSA COLON OTERO
Signature of Debtor 2

Date August 5, 2020

Label Matrix for local noticing

0104-3

Case 18-04794-BKT13

District of Puerto Rico

Old San Juan

Wed Aug 5 14:39:16 AST 2020

ORIENTAL BANK CCU

CCU BANKRUPTCY DEPARTMENT

PO BOX 364745

SAN JUAN, PR 00936-4745

FIRSTBANK DE PUERTO RICO

MARTINEZ & TORRES LAW OFFICES PSC

PO BOX 192938

SAN JUAN, PR 00919-3409

(p) JEFFERSON CAPITAL SYSTEMS LLC

PO BOX 7999

SAINT CLOUD MN 56302-7999

US Bankruptcy Court District of P.R.

Jose V Toledo Fed Bldg & US Courthouse

300 Recinto Sur Street, Room 109

San Juan, PR 00901-1964

American Express

PO BOX 981537

El Paso, TX 79998-1537

Asociacion de Empleados del ELA

PO BOX 364508

San Juan, PR 00936-4508

DEPARTMENT OF TREASURY

BANKRUPTCY SECTION 424 B

PO BOX 9024140

SAN JUAN, PR 00902-4140

Departamento de Hacienda / Quiebras

P.O. Box 9024140

San Juan, PR 00902-4140

ELA DEPARTMENT OF TREASURY

P.O. Box 9024140

San Juan, PR 00902-4140

ELA DEPARTMENT OF TREASURY

PO BOX 9024140

SAN JUAN, PR 00902-4140

FIRST BANK

PO BOX 13871

San Juan, PR 00908-3871

FIRST BANK

PO BOX 9146

San Juan, PR 00908-0146

FIRSTBANK MORTGAGE DIVISION (475)

PO BOX 9146

SAN JUAN, PR 00908-0146

Island Finance

PO BOX 1953369

San Juan, PR 00919-5369

ORIENTAL BANK
Centralized Collections Unit
BOX 364745,
SAN JUAN, P.R. 00936-4745
Att.: RAMN A. SNchez MARRERO 00936-4745

(p) PORTFOLIO RECOVERY ASSOCIATES LLC

PO BOX 41067

NORFOLK VA 23541-1067

Synchrony Bank / Bankruptcy Department

PO Box 965064

Orlando, FL 32896-5064

Synchrony Bank / Jcpenney
PO BOX 965007
Orlando, FL 32896-5007

JOSE ANTONIO OLIVERAS NIEVES
URB LAS VILLAS DE SANTA JUANITA
B 18 CALLE 2
BAYAMON, PR 00956

JOSE RAMON CARRION MORALES
PO BOX 9023884
SAN JUAN, PR 00902-3884

MELISSA WILDA COFAN HERNANDEZ
PO BOX 944
DORADO, PR 00646-0944

MONSITA LECAROZ ARRIBAS
OFFICE OF THE US TRUSTEE (UST)
OCHOA BUILDING
500 TANCA STREET SUITE 301
SAN JUAN, PR 00901

NILDA ROSA COLON OTERO
URB LAS VILLAS DE SANTA JUANITA
B 18 CALLE 2
BAYAMON, PR 00956

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

Jefferson Capital Systems LLC
PO Box 7999
St Cloud, MN 56302-9617

(d) Jefferson Capital Systems LLC
PO Box 7999
Saint Cloud Mn 56302-9617

Portfolio Recovery Associates, LLC
POB 12914
Norfolk VA 23541

End of Label Matrix

Mailable recipients	23
Bypassed recipients	0
Total	23